

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4						
5						
6	(1)					
7	/					
8	/					
9	/					
10	/					
11						
12						
13						
14						
15						
16						
17	/					
18						
19	(1)					
20	/					
21	/					
22						
23						
24						
25	/					
26	/					
27						
28						
29						
30						
31						
32						
33	(1)					
34	/					
35	/					
36	/					
37						
38						
39						
40						
41	/					
42	/					
43	/					
44	/					
45	3					
46	3					
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	40					
TOTAL CLAIMS	50					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						